

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

27803

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1004

City St. Louis

(No. Missouri Death)

File No.....

Registered No. 6829

St. Ward

2. FULL NAME Herbert M. Berry

(a) Residence, No.

St.

Ward.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30 1914

7. AGE YEARS 13 MONTHS 8 DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

In school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

13. NAME

Ansel Berry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Iowa

15. MAIDEN NAME

Celia M. Gibson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

17. INFORMANT (ADDRESS)

Mrs. Berry 7 Hunscomb, St. Louis

18. BURIAL, CREMATION, OR REMOVAL

PLACE Neelyville Mo DATE Aug 7 1933

19. UNDERTAKER (ADDRESS)

Frederick Williams 435 N. 3rd St. St. Louis

20. FILED

9 1933

J. T. Breakey

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/6 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/15 1933 to 8/6 1933

I last saw him alive on 8/6 1933 Death is said to have occurred on the date stated above, at 7:00 m.

The principal cause of death and related causes of importance were as follows:

General Sarcoma Origin Unknown 335 53

Other contributory causes of importance:

Name of operation Biopsy Date of

What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. F. S. M. D.

(Address)

Wall Bl 42

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